

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	3					
TOTAL DEP.	310	↓	↓	↓		
TOTAL CLAIMS	313	████████	████████	████████	████████	████████

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
57	/					
58	/	/				
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100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS		████████	████████	████████	████████	████████